



Complaint Form

Your Name _____

Address _____

City _____ State _____ Zip _____

Work Telephone (____) _____ Home Telephone (____) _____

Complaint Information

Please complete the following information about the person you want to register this complaint against.

Name(s): _____

Type of Business _____

Company/Business Name _____

Address _____ City _____ State _____ Zip _____

Remedy Requested

Please specify the remedy or result you are requesting.

Please attach a written explanation. You should address your complaint fully, giving dates and details. Your response should be prepared in the order the events happened. Provide copies of all documents relating to the complaint, along with your full explanation of the complaint.

The authority of the Department of Licensing is limited to taking disciplinary action to suspend or revoke a license. *We **do not** have the authority to recover funds, award damages, or make judicial determinations, and our remarks **do not** constitute legal opinion.*

If you have any questions regarding this form please feel free to contact our office at (360) 664-6645.

X _____

SIGNATURE

DATE